Harder the Consessed		•	•	UR Detectors	Approved	for use th	OOGNETT HEND	TO/SB/00 (084 L OMB 0651-00	03) 332
PATE	Reduction Act of 1895, in NT APPLICATION	P PERSONS ARE INC N FEE DET! Suite for Form P		N RECORD	prometton ve	dess II day	DEPARTMENT	OF COMMER	CE CE
			17	177916957/2					
i'	CLAIMS AS FILED		,				OTH	ER THAN	7
11	(Column 1)	@	otumo 2)	SMALL	SMALL ENTITY			L ENTITY	
FOR'	MAGER FILED	MUNIC	ER EXTRA	RATE	FEE	7	RATE	FEE	1
P7 OFR 1.16(a)) YOYAL CLAME	 				-385.9	7 og	19115	1770.2	╗
ROSPENDENT CLANS	estress 20	• •		× 29.0		OR	x 5/8.0.		7
(37 CFR 1.15(b))	S(h)) stitue 3 =			x 843,0.		OR	× . 86.0.	-	\dashv
MULTIPLE DEPENDENT	+.1452		OR.	+=280.2	 	-			
" if the difference in column t is less than zero, enter "U" in column 2.				TOTAL	1	1		 ` 	-
	-0176	<u> </u>	J OR	TOTAL		4			
/	MS AS AMENDED			\			_		
Calabiato "	(Common 1)		(Cotumn 3)	gone	ENTITY	OR	OTHE	R THAN ENTITY	
Y R	EMAINING AFTER	HIGHEST MUMBER PREVIOUSLY	RESENT	RATE	ADDL]	RATE	ADDI	1
< 1 taba	MINIS	PAID FOR	- Frince		TIONAL			TIONAL	
GP OFF LINES	95 Minus	_76		x.9.		OR	× 18 -	1	1
FORT PRESENTATION OF MULTIPLE DEPENDENT CLASH CIT CFR 1. 1940				x:43.		OR	× = 86 .	1.0	7
FURST PRESENTATION	··H5.		ÓR	+:290.	1	1			
llow.				TOTAL ADD'L FEE		OR	TOTAL ADOL FEE		4
11-8 (XOE	olumn 1)	(Cotumn 2)	(Column 3)			1	ADD L PEE	<u> </u>	Λ
	MAINING	HIGHEST HUMBER	PRESENT .	RATE .	ADDL	1		· · · · ·	۱ ۱
AM	AFTER ENDMENT	PREVIOUSLY PAID FOR	EXTRA	·	THOMAL		RATE	ADDI: TIONAL	
Total promit units (COM)	Minus '	09	•	x.9	· FEE	-	×18 -	FEE	1
(or own supply	3 Minus	<u> </u>		×43.		OR .	97		ł
FRET PRESENTATION OF MULTIPLE DEPENDENT CLAIM (UT CFR 1.18(0))				+ 445-		OR .	200		ł
1/00/04				TOTAL		OR [TOTAL		
t18010/6.	lume 1)	(Cotumn 2)		ADD'L FEE		_OR	ADD' FEE		
0 0 0	LAMS MAMPING	HIGHEST	(Column 3)			г	} -		l
IIIIII A		REVIOUSLY	PRESENT EXTRA	RATE	ADD- TIONAL	i	PATE	ADDI: TIONAL	
Total (promit vieto) Independent (promit vieto)	7500	PAID FOR	-	9	FEE	ŀ	/	FEE	
trolependent CIF CIFE 1,1602	(A family)	////		×5		OR A	-18.	<u> </u>	
ESPECIAL CONTRACTOR OF THE PROPERTY OF THE PRO				x:43.		25	xido.		
PROTECTION OF MALTIFLE DEPENDENT CLAIM (ST CPR 1.18(d))				+1/42.	_4		· .290.		
" If the entry in column 1 is loss than the entry in column 2 male set in				ADD' FEE			TOTAL ADD'L FEE	·	

* If the crity in column 1 is loss than the entry in column 2, write "0" in column 3.

"If the "Highest Muniter Proviously Peid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Muniter Previously Peid For" IN THIS SPACE is less than 3, enter "7".

The "Highest Muniter Previously Peid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This callection of information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to the (and by the Instituting gathering, preparing, and submitting the completed explication form to the USPTO. This callection is estimated to take 12 entries to complete, on the amount of time you require to complete this form and/or suggestions for reducing this hunder, should be sent to the Chief Information Officer, U.S. Paper Interment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Covenies in the Chief Information Province of the Chief Information Officer, U.S. Paper Interment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.